



ENVIRONMENTAL RESOURCES MANAGEMENT
AIR QUALITY MANAGEMENT DIVISION
SUITE 900
33 S.W. 2nd AVENUE
MIAMI, FLORIDA 33130- 1540
(305) 372-6925

**VAPOR RECOVERY PROGRAM
CONSTRUCTION/ OPERATING PERMIT APPLICATION**

Instructions:

All information items must be completed in full. Submitting this application DOES NOT relieve you of any responsibility for complying with orders issued to you by the CODE ENFORCEMENT SECTION or stop or delay any normal enforcement procedures. Call the Air Section at (305) 372-6925, if there are any questions. Failure to include any potential source of gasoline vapor emissions could result in enforcement action.

This application must be accompanied by a processing fee which is determined by multiplying the number of gasoline /gasohol dispensing nozzles in the facility by \$3.50 per nozzle. Please submit a check for this amount made payable to Miami-Dade County.

☐ Construction Permit

☐ Operating Permit

Name of the Company: _____

Owner(s): _____ Telephone: _____

Authorized Representative: _____

Title: _____ Telephone: _____

Mailing Address: _____

Street

City

State

Zip

Facility Location: _____

Street

City

State

Zip

Property Owner: _____

Folio Number: _____

Nature of Business: _____

Number of Underground Tanks: _____ Capacity of Tanks: _____

Number of Aboveground Tanks: _____ Capacity of Tanks: _____

Dade County DERM UT Permit #: _____

Fuel Dispensed: Gasoline [] Gasohol [] Diesel [] Other []

Average Monthly Throughput of Gasoline/Gasohol: _____ gallons/month
(24 month average preferred, if available)

Status of Stage I Vapor Recovery System Installation:

Stage I installed Yes [] No []

If Stage I is installed, Type of Stage I Vapor Recovery System:

[] Coaxial [] Two Point [] Manifolded [] Coaxial Poppeted

Status of Stage II Vapor Recovery System Installation: (mark one)

[] Stage II installed, tested and certified

[] Stage II installed, but not tested

[] Stage II not installed

If Stage II is installed, Type of Stage II Vapor Recovery System:

[] Balance [] Assist [] Healy [] Hirt [] Hasstech [] Red Jacket

CARB Executive Order Number: _____

Number of Nozzles (Gasoline/Gasohol): _____

Owner/authorized representative statement:

I, the undersigned, am the owner or authorized representative of _____
_____, addressed in this Permit Application. I hereby certify that the statements
made in this application are true, accurate and complete. Further, I agree to operate and maintain the facility so as to
comply with all DERM and applicable state and federal laws.

Name in Print (Owner or Corporate Officer)

Title

Signature

Date

Notary Public

**SPECIFICATION FORM****Vapor Recovery System**

FACILITY NAME AND ADDRESS _____ _____ _____	FOR OFFICE USE ONLY DERM PLAN REVIEW No. _____ APVR No. _____ UT No. _____
CARB Executive Order Number: G -	
Type of Stage I System Two point _____ Coaxial _____	
Type of Stage II System Balance _____ Vapor Assist _____ Gilbarco _____ Wayne VaporVac _____ Amoco V-1 System _____ Tokheim MaxVac _____ Healy 400 _____ Healy 600 _____ Others , specify _____	
MANUFACTURER AND MODEL Dispensers _____ Nozzles _____ Coaxial Hose Assembly _____	
Number of Nozzles _____	Max. Flow Rate per Nozzle _____ GPM
Number of Gasoline Tanks _____ Above Ground _____ Under Ground _____	Total Tank Capacity _____ Gallons
Average Monthly Throughput: _____ Gallons	

The information provided above is true to the best of my knowledge, and corresponds to the referenced project site.

Signed and Sealed By Professional Engineer